



CITY OF COVENTRY

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# ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1954







Using a wood trimming lathe at Alice Stevens School



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## SCHOOL HEALTH SERVICE

### SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1954.

*Chairman:*—COUNCILLOR MRS. E. JONES.

*Vice-Chairman:*—COUNCILLOR MR. T. MEFFEN.

*The Lord Mayor:*—ALDERMAN A. J. FENNELL.

ALDERMAN B. H. GARDNER.

„ H. H. K. WINSLOW.

COUNCILLOR MRS.\* E. ALLEN.

„ MRS. F. EWART.

„ MRS. A. OSBORN\*.

„ MR. W. A. BINKS.

„ MR. L. LAMB.

„ MR. R. LOOSLEY.

„ MR. W. H. SMITH.

„ MR. W. SPENCER.

*Co-opted Members:*—MR. G. H. ISON.

MRS. W. JACKSON.

MRS. H. I. SAUNDERS.

MR. C. A. THOMPSON.

*Director of Education:*—MR. W. L. CHINN, M.A.

*Deputy Director of Education:*—MR. R. B. SYKES, M.A., L.es.L.

\*At the time of going to press I have to record with deep regret the death of Councillor Mrs. A. Osborn.



# SCHOOL HEALTH SERVICE STAFF.

Principal School Medical Officer (and Medical Officer of Health) ... ..	T. M. CLAYTON, M.D., B.S., B.Hy., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health) ... ..	R. J. DODDS, M.B., B.S., D.P.H.
Senior School Medical Officer	M. M. R. GAFFNEY, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
	C. GLYNN, M.R.C.S., L.R.C.P.
	C. T. HOWAT, M.B., Ch.B.
	V. P. HELME, M.B., Ch.B., M.R.C.O.G.
School Medical Officers and Assistant Medical Officers of Health ... ..	C. J. P. JAMIESON, M.R.C.S., L.R.C.P.
	M. S. MARTIN, M.B., Ch.B.
	G. M. MEDLICOTT, B.Sc., M.B., B.Ch.
	J. B. M. PORTER, L.R.C.P.
	P. C. POWELL, M.B., Ch.B.
	B. SCHULBERG, L.R.C.P., D.P.H.
Medical Officer, "Town Thorns" (E.S.N.) ...	E. KILLEY, M.R.C.S., L.R.C.P. (Part-time).
Medical Officer, Wyre Farm Residential Camp School	J. S. JEROME, M.A., B.M., Ch.B. (Part-time).
Pædiatric Specialist and Heart and Rheumatic Consultant	H. PARRY WILLIAMS, M.R.C.P., M.R.C.S., L.R.C.P. (Part-time).
Ear, Nose and Throat Surgeons	W. OGILVY REID, M.A., B.Sc., M.B. Ch.B., F.R.C.S. (Part-time).
	P. E. ROLAND, F.R.C.S., D.L.O. (Part-time).
Principal School Dental Officer	M. RAESIDE, L.D.S.
	M. L. HOOKER, L.D.S.
	J. A. SMITH, L.D.S.
	E. F. STONEHOUSE, L.D.S. (Part-time). (Resigned October, 1954).
School Dental Officers ...	W. A. FERRISS, L.D.S. (Part-time). (Resigned, October, 1954).
	P. F. G. WHITFIELD, L.D.S. (Part- time). (Resigned, May, 1954).
Physiotherapists ... ..	MRS. M. M. HALLS, M.C.S.P.
	MISS M. STURGESS WELLS, M.C.S.P.
	MISS B. CARR, L.C.S.T.
Speech Therapists ... ..	MISS D. GLOVER, L.C.S.T. (Resigned, December, 1954).
	MRS. D. MARCH, L.C.S.T.
Chiropodist ... ..	MR. A. T. E. FREKE, M.Ch.S., M.R.I.P.H.H. (Part-time).

# SCHOOL HEALTH SERVICE STAFF—cont.

Superintendent School Nurse	MRS. B. E. MACKIE, S.R.N., S.C.M. (Health Visitor's Certificate).
	MISS M. E. ABSALOM, S.R.N., Neurological Certificate.
	MISS E. C. BATSFORD, S.R.N. (Dental Dept.).
	MRS. A. O. CAMPBELL, S.R.N.
	*MRS. M. K. DUNNICLIFFE, S.R.N., S.C.M.
	*MRS. E. ELLIS, S.R.N., S.C.M.
	MRS. M. GEORGE, S.R.N., S.C.M. Health Visitor's Certificate, Cert. London Hospital for Ear, Nose and Throat.
	MRS. E. A. GORE, S.R.N., S.C.M. Health Visitor's Certificate.
School Nurses ...	MRS. E. M. HALE, S.R.N.
	MRS. C. HAMMOND, S.R.N.
	MRS. B. HORSMAN, S.R.N., S.C.M.
	MRS. J. M. JELLEY, S.R.N.
	MISS P. O. MASTERS, S.R.N., H.V. Cert.
	MRS. M. PLAYER, S.R.N.
	MRS. S. R. SHROPSHIRE, S.R.N.
	MRS. J. D. SIMMS, S.R.N.
	MISS S. SMITH, S.R.N.
	MRS. M. TEW, S.R.N. (Resigned, April, 1954).
	MRS. G. TUNNICLIFFE, S.R.N. (Resigned, October, 1954).
	MRS. O. A. WHITE, S.R.N.
	MRS. L. WARDLE, S.R.N.
Dental Attendants ...	MISS P. ATKIN.
	MRS. A. CHURCH.
	MISS K. FARREN.
	MISS M. NEWTON.
Chief Clerk ...	E. A. MOORE.
Deputy Chief Clerk ...	MISS E. STEPHEN.
	MISS J. BAKER.
	MISS K. BEASLEY.
	MISS D. BELL.
	MRS. B. BOTTRILL.
Clerks ...	MISS D. CLARK.
	MRS. K. FLETCHER.
	MRS. B. GLEN.
	MISS N. B. GRIFFIN.
	MISS P. JACOBS.
	MISS E. TOWNSEND.

\*Also have Ministry of Health Temporary dispensation to undertake certain Health Visiting duties.

# CITY OF COVENTRY

## SCHOOL HEALTH SERVICE

### 1954 ANNUAL REPORT

To the Right Worshipful the Lord Mayor, Aldermen  
and Councillors of the City of Coventry.

MY LORD MAYOR, LADIES AND GENTLEMEN,

*I have pleasure in presenting my annual report on the School Health Service in Coventry for 1954.*

*The past year has been much more satisfactory from the staffing point of view, with the notable exception of the School Health Dental Service which is still severely depleted and for which there is no response to advertisements.*

*The amalgamation of the School Health medical, nursing and administrative services with their Maternity and Child Welfare counterpart has proceeded apace: our experience in the pilot area, Cheylesmore, encouraged us to bring two further areas into operation on 31st May, namely Area No. 2, Westwood and Area No. 3, Tile Hill. Area No. 2 is staffed by one Medical Officer and three Nurses. This area is a triangular section of the city enclosed by Kenilworth Road, Tile Hill Lane and the City Boundary. Area No. 3 is also staffed by one Medical Officer and three Health Nurses and is encompassed by Tile Hill Lane, Holyhead Road and the City Boundary. The school populations in the two areas are approximately equal; there are seven schools in Area No. 2, showing a population of 4,548, and Area No. 3 has seven schools with a population of 4,368.*

*After due consideration by the appropriate Committees and thereafter by the City Council, the administration of the School Health Services was transferred on the 1st April, 1954, from the Education Department to the Health Department so allowing for a more complete integration of those Municipal Services concerned with child health.*

*For convenience of administration it has been decided to divide the City into nine fairly comparable areas and it is hoped to achieve complete amalgamation as soon as we have a sufficiency of trained staff to allow this. Because of the shortage of qualified Health Visitors we have sought and obtained temporary dispensation from the Ministry of Health for one or two of our appropriately experienced School Nurses to undertake modified Health Visitors' duties as "Health Nurses". Meanwhile it is hoped that a few at least of our existing School Nurses will proceed to training for the Health Visitor's Certificate, and that external recruitment may also tend to increase.*

*At the end of 1954, the school population had increased to 16,768 (1953= 15,641), but in spite of this, and probably because we have been fully staffed with Medical Officers we have been able to cover all schools more adequately for the purpose of Routine Medical Inspections.*

## ROUTINE MEDICAL INSPECTIONS.

The number of routine inspections has increased quite considerably and these together with special inspections and re-inspections amounted to 16,338 (1953=14,688). It is hoped that additional age groups (i.e., 7—8 years) will be included for routine medical inspections during 1955, thereby enabling most children to have routine inspections four times instead of three times during their school careers.

## GENERAL CONDITION OF PUPILS DURING THE YEAR.

In 1954, 9,280 children out of a possible 14,848 were placed in Category A, i.e. 62.500%. This shows a small decrease of 1.613%. In 1953, the figure was 64.113%. There was an increase in the number of children placed in Category B from 35.110% in 1953 to 36.995% in 1954, representing 5,493 children compared with 4,611 in 1953. Only 75 children were placed in Category C, (0.505% , a decrease since 1953 when the number was 102 (0.777%)).

## INFECTIOUS DISEASES.

This report is chiefly concerned with children between the ages of 5 and 15 years (handicapped children excepted). The 1953 figures for scarlet fever (198) were much lower than those in 1952 (305) and the downward trend for this disease continues (1954=133). Whooping cough too accounted for fewer cases i.e., 1953=300, 1954=170, and there were also fewer cases of measles 1953=1,360, 1954=1,167.

There was only one case of poliomyelitis during the year and 4 cases of polioencephalitis and this position might well have been directly due to an increased immunity derived by the population from the high incidence of poliomyelitis in this City during 1953 (i.e. a population total of 164 confirmed cases).

Food poisoning accounted for fewer cases (1953=20; 1954=11) but these figures probably give no real indication of the true position in the community. Many mild and transient cases of enteritis with vomiting fail to be notified either because the condition is "taken for granted" and/or medical advice is not sought: it is probable that a fair proportion of so called "bilious attacks" are brought about by careless infringements against the tenets of good hygiene.

## CONTAGIOUS DISEASES.

The number of scabies infestations was up by 12 during 1954 whereas ringworm of the scalp and body decreased by 8 (having risen by 5 in 1953). There was an increase from 89 (1953) to 151 (1954) in impetigenous conditions seen in school children. External eye infections e.g. conjunctivitis, blepharitis, etc., remained at about the same level.

Contagious conditions have been at a much lower level these past 5 years in spite of overcrowding in the schools and homes. This favourable situation is due in no small part to the excellent liaison existing between the teachers and the school nurses.

## SPECIAL SESSIONS HELD AT THE CENTRAL SCHOOL CLINIC.

### CHILD TUBERCULOSIS CONTACT CLINIC.

*The work of this clinic continues, as in previous years, under the supervision of the Consultant Paediatrician, Dr. Parry Williams. Monthly reports on the clinic's work are sent to the Chest Physician, Dr. A. O. Bech, at the Coventry Chest Clinic, thereby eliminating overlap, as far as possible, in the examination of contacts of tuberculosis. Routine reports are sent at intervals to family doctors. When a child has reached school leaving age a resume of the medical history together with a report on the child's general condition, the type of work he or she intends to take up and other relevant details are sent to the family doctor. By this means the family doctor is in possession of valuable information should the question of a tuberculous infection be raised and particularly during the very important few years after leaving school.*

*Attendance at this clinic in 1954 was 357, each child being seen by the Senior School Medical Officer.*

### CHIROPODY CLINIC.

*Mr. Freke, School Chiropodist, continues with this work at the Central Clinic. The waiting list is very long and it will be necessary in the forth-coming year to engage the services of another part-time chiropodist to augment our present number of sessions. Reasonable accommodation has now become available at the Clinic for this work. Mr. Freke's comments appear in a later part of this Report.*

### HEART AND RHEUMATIC CLINIC.

*Dr. Parry Williams, our Consultant Paediatrician, continues with his excellent services at this Clinic, and I am grateful to him for his greatly appreciated co-operation and advice in this connection: he comments personally at a later stage in this Report.*

### SPEECH THERAPY.

*At the end of 1954 we had the services of three full-time speech therapists. One of them is attached to Baginton Fields School and her report appears later herein. She also carried out sessions at the Day School for Educationally Sub-normal Pupils and at the Residential Open Air School for Delicate Children. The waiting list for speech defects has decreased and it is probable that we now have adequate staff for present and future speech therapy requirements.*

## SPECIAL SESSIONS AT CLINICS AND HOSPITALS.

### CHILD GUIDANCE CENTRE.

*Work at this clinic continues with Dr. Gillman, Psychiatrist, doing two sessions per week and his Registrar undertaking one further session per week for personal psychotherapy. Dr. Gillman*



makes a sound point in his Report that we are much in need of a unit for psychotic children in the Midlands.

Dr. Martin, one of our School Medical Officers, deals with the ascertainment of Handicapped children seen at this clinic and Mrs. Hedges, the Educational Psychologist, controls the "school psychological service" section of the work. The staff, in addition, comprises Mr. Kelly, Educational Psychologist, who has had much experience in connection with Youth Employment Services before coming to Coventry, Mr. Jones, Remedial Teacher and Mrs. Fisher, Social Worker.

The Child Guidance Centre is very busy and the premises are now inadequate for the amount of work carried out there. Moreover the quality of work is liable to suffer in such cramped accommodation.

#### OPHTHALMIC AND ORTHOPTIC SERVICES.

As reported last year, these clinics now take place at the Coventry and Warwickshire Hospital, and the school children are seen by officers and specialists employed by the Regional Hospital Board. Waiting periods are quite short and there is no difficulty in obtaining appointments. The Local Education Authority has financial responsibility for repairs to spectacles damaged by negligence. This arrangement causes "heartburnings" at times because a proportion of such repairs eventuate through gross carelessness by children and the indifference of some parents. The Authority has been requested in some few cases to repair spectacles as many as 6—10 times in a period of 12 months. This, to put it mildly, shows a "peculiar" sense of responsibility on the part of the claimants.

#### ORTHOPÆDIC TREATMENT.

All children suffering from these defects are seen by the orthopædic surgeons at the Paybody Clinic in Holyhead Road. A report is sent to us weekly and the cases are followed up at school or in their own homes. We also investigate reasons for persistent failure to keep appointments. Mr. J. H. Penrose, the Orthopædic Surgeon, is also consultant to Baginton Fields School for Physically Handicapped Pupils and conducts clinics there at fortnightly intervals. This arrangement is invaluable because it enables medical diagnosis, treatment and medical aftercare to be performed under the same roof and by the same staff, and also ensures that a complete "picture" of each child is available.

#### ANTI-TUBERCULOSIS CAMPAIGN.

For various reasons we were unable to carry out our proposed programme of B.C.G. vaccination of suitable 13-year-old children, in accordance with Memo. 451 (Ministry of Health), during 1954. We anticipate a commencement, however early in 1955, when appropriate medical staff should be available and the necessary procedures to adopt are known.

*It will perhaps be recalled that in my Annual Report for the year ended 1953 I indicated that we were still co-operating with the Medical Research Council in the local controlled investigation into methods of preventing tuberculosis. This investigation commenced in early 1952, and at that time it was agreed that all children taking part would be followed up each year, for a period of three years. Only those children who were in their penultimate school term were invited to take part. Appropriate children were therefore seen during October by Dr. Mitchell, Area Physician-in-Charge to the Medical Research Council.*

*In view of the fact that all these children have now left school, special clinics were made available at the Central School Clinic, Gulson Road, on certain dates commencing at 4.30 p.m.*

*1955 appears to be the final year for follow up as far as this scheme is concerned but I hope to report, in detail, on the results of the investigation in my next Annual Report.*

#### MASS RADIOGRAPHY SURVEY OF TEACHING STAFF AND SCHOOL LEAVERS.

*Following consultations with Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit, arrangements were made to undertake a Mass Radiography Survey of teachers and children (14+ years of age) during January and February.*

*All teachers and appropriate children (through their parents) were given an opportunity of taking part in the scheme. Two Centres were used for this purpose, i.e., Longford Park School and the Central School Clinic. The response from the parents was extremely good, but a little disappointing as far as the teachers were concerned, and I do hope that the latter, as indeed all other adults who are in frequent contact with children, will gradually come to appreciate the general advantages to the children and to themselves by their participating in future Mass Radiography Surveys, the next of which is due early in 1955.*

*Our sincere thanks are due to Dr. Gordon Evans for his most helpful report on this survey. As a result of this and further individual reports, the necessary follow-up was undertaken and certain of the school leavers (5 in all) were referred to Dr. Bech, Consultant Chest Physician at the Coventry Chest Clinic, for further advice. Only one parent proved unco-operative.*

#### HANDICAPPED PUPILS.

*In the main we are well pleased with the progress made in connection with the ascertainment of handicapped pupils during 1954. By early 1955 we hope to have five Medical Officers approved for the purposes of ascertainment. This is more than we have previously been able to call upon. Later in 1955 we hope that two more Medical Officers will take the necessary approved course. In addition to their more routine medical duties as School Medical Officers, Dr. M. Martin undertakes duties at the Child Guidance Centre and Dr. C. Howat likewise for children (approximately 180) at our day school for Educationally Sub-normal Pupils. The*

Senior School Medical Officer, on my behalf, looks after the routine medical interests of Corley Residential School for Delicate Children and also Baginton Fields day school for Physically Handicapped Pupils. At the Residential School for Educationally Sub-normal Children at Town Thorns, near Rugby (approximately 30 pupils) which was opened in January 1954, arrangements are made for Dr. Killey a local general practitioner to undertake the medical care of these children. Town Thorns is just a little inconvenient for a Local Authority Medical Officer to attend frequently so we are very grateful to Dr. Killey for his unremitting care and his deep personal interest in the welfare of the children there. Cases needing statutory action are suitably dealt with, and my Senior School Medical Officer deals also with admissions and discharges from the medical point of view.

There is at present no waiting list for ascertainment in any category apart from those children queried as educationally sub-normal. The waiting list for these latter is quite appreciable and tends to remain so. Altogether, from all categories, there is a waiting list of 199 children who are either awaiting admission to Special Schools or necessary treatment following ascertainment.

#### BLIND AND PARTIALLY SIGHTED CHILDREN.

Three children were ascertained as blind in 1954 and of these two are waiting for special school placement. Partially sighted children in Coventry are now disposed in two classes at our Physically Handicapped School at Baginton and at the Residential School run by the Warwickshire Authority at Exhall. Since the day classes commenced we have had little difficulty in gaining the co-operation of parents in relation to special education for these children.

#### DEAF AND PARTIALLY DEAF CHILDREN.

There is no waiting list for deaf children and little difficulty in placing them. I wish the same could be said for the partially deaf but the situation as I reported last year, is unsatisfactory. A great deal of work needs to be undertaken within the homes of children in categories A, B, C, and D. There is a great need in this area for an adequacy of trained personnel to instruct parents how to handle these handicapped children in their own homes before they are sent to school. It is of little use knowing that a child is deaf if it is handled incorrectly at home by, perhaps, over anxious parents. This is particularly true of the deaf and partially deaf. The universally respected Dr. Helen Keller has said that if she were to choose either between being blind or deaf she would choose to be blind, and surely such an opinion gives some small indication of the tremendous handicap brought about by total deafness. Such a condition is in effect many handicaps rolled into one, but nevertheless it arouses least sympathy in the onlooker because there is no visible defect. The long considered proposal to constitute a local class for partially deaf children has not been started due to difficulty in finding suitable premises for the purpose.



## EDUCATIONALLY SUB-NORMAL CHILDREN.

Ascertainment of these children continues apace. That previous feeling of futility in attempting to place educationally sub-normal children in Coventry following their examination and ascertainment, is gradually disappearing. Some years ago ascertainment of these children meant their referral to a waiting list whereon indeed some remained for several years, even up to the school leaving age. Following the erection in 1954 of the special day school, named after the late Councillor Mrs. Alice Stevens, and the re-adaptation of Town Thorus for residential special school purposes (also in 1954), a large percentage of our educationally sub-normal children were thereby catered for. In addition the Local Education Authority have plans for providing further day accommodation in the fairly near future. Happily, therefore, there has been great improvement in this situation even during the past two years.

## EPILEPSY.

The great majority of these children are of course in ordinary schools; their fits are controlled and in the main cause little concern. Some epileptic children have other controllable defects and they are placed in schools appropriate to the major affliction i.e., in our Day School for Physically Handicapped Children or our Day School for Educationally Sub-normal Children, where they are under constant supervision. Five children were seen during 1954 who needed special educational treatment, primarily as epileptics. Most children so handicapped are accommodated temporarily in some school or other while awaiting placement and exclusions are avoided at all costs if possible; it is much better for them to attend school in the interim period until more permanent and suitable accommodation elsewhere becomes available.

## MALADJUSTED.

A new hostel, to be called Cromer's Close, is expected to open early in 1955 for the accommodation of maladjusted children. Potential cases are invariably dealt with in the first instance at the Child Guidance Centre. It is interesting to note that only three of these children were ascertained as maladjusted during 1954 whereas in the previous year there were ten.

## PHYSICALLY HANDICAPPED.

I mentioned in my Annual Report for 1953 that I should be in a better position to report on the work and progress at our day school for physically handicapped children in 1954. I regret, however, that this has not been possible owing to frequent staff changes, both educational and medical, at the school: the work there was reduced to cater for essential needs and no really effective and sound plan could be put into operation under the circumstances. By the end of 1954 a new Headmaster, Mr. Bowstead, had been appointed to commence duties on the 1st January, 1955, and he together with his teaching staff, two physiotherapists, a remedial gymnast, an orthopaedic nursing orderly and a State Registered Nurse with her Neurological Certificate will form a team with one

main object in mind, namely, to deal with the comprehensive needs of children (and particularly does this apply to the cerebral palsied) so that they are in a position to derive maximum benefit from the entire facilities provided at the school. Parochial sectionalisation is entirely inappropriate to the care of handicapped children and certainly from the medical point of view we look forward hopefully and with enthusiasm to forthcoming developments and progress at Baginton Fields School. I shall anticipate dealing in more detail with this branch of the work in a future Annual Report.

It is appropriate also to report that the Bobath methods of treatment are to be operated at the school, and we look forward with interest to developments in this connection.

The only waiting list necessary for Physically Handicapped Pupils in Coventry at the present time is that for 5-year-olds and under. We are keen to start nursery classes for severely handicapped children of 2 to 5 years, especially the cerebral palsied. By such means, treatment they receive will be early and continuous and it would be a decided advantage to have it given throughout by the same personnel. The Local Education Authority has plans to commence a nursery class at Baginton and, indeed, preliminary enquiries as to staffing and equipment are in hand.

It is natural that we should wish for the less severely handicapped type of children to return to ordinary schools as soon as their defects have been overcome sufficiently. In such circumstances however, it is quite essential that a group decision by parents and staff should be taken prior to any child being transferred.

School leavers in this category are also of particular concern and conferences between the medical consultants, Headmaster, Youth Employment Officer, Educational Psychologist, Senior School Medical Officer and the Assistant Education Officer for Special Services are convened each term. Some categories of physically handicapped children are obviously much more difficult to advise and place in suitable employment than others. Epileptics are notoriously difficult to find employment for, and it will take a great deal of concentrated effort and patience on the part of placement officers and a corresponding amount of sympathy and forbearance from prospective employers before the existing timidity (even aversion) to employ these unfortunately handicapped type of persons will be overcome. After the children have left school they are supervised by whichever department of the Local Health Authority is most concerned. Some may be supervised by two departments e.g., Youth Employment Office and Health Department. Alternatively some may need additional supervision by the Mental Health Section of the Local Health Authority. Great care is taken to emphasize to parents and children alike that we are concerned with the welfare of the child, and that the supervision is offered by the Department in a friendly and helpful way; the intention is not to curb healthy activity or make the handicapped person less independent.

For handicaps generally, older girls in their last year at school are encouraged to take an interest in their appearance. The attending Nurse demonstrates and offers personal advice to each girl upon the care of the complexion, hair and clothing, and the results are extremely encouraging: indeed a desirable revelation in some instances. The Nurse also instructs both sexes in simple principles of first aid and bandaging.

The amount of voluntary work done by the medical and teaching staff at Baginton outside school hours is quite considerable. Few outsiders know of this and it is only understood by the parents concerned and those of us who visit the school frequently. Every effort is made to cover all aspects of the physically handicapped child's welfare both outside of school and within. The amount of work to be done is tremendous but I am happy to say the results, and particularly those of latter months, are becoming more apparent.

A very much appreciated member of the staff is the school carpenter, Mr. Keeling, who readily undertakes furniture alterations and who has never as yet been at a loss when adaptations are found necessary.

Under the supervision of Mr. Penrose, the Consultant Orthopaedic Surgeon, the remedial gymnast, Mr. Peberdy, has gradually worked up classes for children with poor posture, poor exercise tolerance, etc., and has taught a number of them to play outdoor games. Some of the children who have never done more than walk haltingly before—because they could not walk properly—have made real progress. The apparatus available in the medical rooms and classrooms is mostly for the use of children suffering from the effects of poliomyelitis and tuberculous joint and bone conditions. Cerebral palsied children have specially adapted chairs and the cutlery which they use is also quite frequently adapted to their particular needs: otherwise little apparatus is used and tends to be used less and less as time goes by.

Educational instruction and medical treatment progress in harness and parents have only to see their children on to the special 'bus in the mornings and receive them back in the late afternoons. The amazing amount of work and effort put in by the staff at Baginton Fields School between those two points in time is gradually and happily being accepted but we would not like to think that it is all being taken for granted by those who have little knowledge of what is going on.

A few physically handicapped children from Coventry are sent to the Residential School for Physically Handicapped Children which is run by the Warwickshire County Council at Exhall, so that in effect they are not really very far from home.

It is my view that handicapped children in Coventry are very well looked after and parents of such children who are attending the Local Authority's special schools have much to be thankful for.

From the general environmental point of view I am glad to note that the nuisance caused for so long by the smoke and grit emanating from the boiler house chimney at Baginton Fields School has now been abated to a very great extent.

#### SPEECH DEFECTS.

Some 171 children were found to be in need of speech therapy during 1954. A report by Miss Carr, Speech Therapist, appears later in the Report.

#### GENERAL.

I should like to, conclude with a few general remarks.

I have consistently remarked in my previous Annual Reports about the great shortage of municipal dental staff, and of course the old conception of conservative dental treatment, available in Coventry prior to the introduction of the National Health Service Act, has seemingly faded in the communal memory. Indeed, it is quite ludicrous to expect our few remaining dentists to undertake other than a proportion of essential conservances and emergency treatments and these most often cannot possibly be undertaken upon immediate request. From time to time I am required to deal with bitter complaints from parents to the effect that their children are not able to have immediate attention from the dentist, and it is as well to pause and try to achieve a more general appreciation for the very considerable amount of work which our three municipal dentists and their staff are undertaking under very serious difficulties. Mr. Rawside's comments at page 24 will add further weight to what has been said here.

Dr. Gilman, the Consultant Psychiatrist, comments later upon the present inadequacies of the Child Guidance building and with an expanding service this matter will need serious consideration. There is seemingly, too, a need for more in-patient hospital facilities for children needing psychiatric attention.

It is indeed remarkable that the standards of swimming in Coventry are so high in view of the limited facilities for this type of sport and recreation and a city of 265,000 population is deserving of several good indoor swimming baths. Once these have been provided, then surely the youth of Coventry will have every opportunity to show their aquatic prowess on equal terms with the rest of the country. Irrespective of this latter hope however, I look forward to the provision of new swimming baths as a very real contribution to the health and well being of Coventry citizens.

With regard to foot defects in children it is sad, and indeed deplorable to find, from a random sample of 100 children examined by our School Chiropodist, Mr. Freke, 60% had shoes which were not correctly fitted. It would seem that there is need for a joint effort by parents and retailers alike to ensure that children are supplied with well fitting footwear.



Mr. J. W. Bishop and his wife Dr. Mary Bishop left this country during the year to practice in Australia and I would take this opportunity to thank the former for his ophthalmic services to school children while in Coventry and also to express the appreciation of the municipal dental staff and myself to the latter for the most helpful anæsthetic sessions she undertook at Gulson Road Clinic.

It is with the greatest satisfaction that I again express our concerted thanks to the various consultants who provide their services so willingly to our schoolchildren both in our own clinics and schools and within the confines of the City's hospitals.

To the Director of Education and his appropriate administrative staff, and also to all teachers throughout the city, I would extend thanks for their helpful co-operation with my staff and myself throughout the year.

I am also very happy to thank all branches of my staff associated with the School Health Service for their loyal co-operation and assistance during 1954, and my added appreciation is due to Dr. M. M. R. Gaffney and Mr. E. A. Moore for their helpful assistance in compiling this Report.

To the Chairman and members of the Special Services Sub-Committee, and the Special Schools Sub-Committee, I extend my gratitude and that of my staff for their consideration and helpfulness during a busy year.

I am, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

*The. Clayton.*

Principal School Medical Officer.

### School Population, Accommodation, Attendances.

At December, 1954, there were 90 Primary and Secondary Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, *viz* :—

- 66 Primary and all age schools with 91 departments.
- 14 Secondary Modern Schools with 20 departments.
- 6 Secondary Selective Schools.
- 1 Bilateral Secondary School (R.C.).
- 3 Comprehensive Schools.

The Primary and Secondary Schools are divided as follows :—

- 67 County Schools with 98 departments.
- 12 Voluntary C.E. Schools with 12 departments.
- 9 Voluntary R.C. Schools with 11 departments.

Number of children on registers, January, 1954 ... ..	43,221
Number of children on registers, December, 1954 ... ..	44,268
Average percentage attendances ... ..	92.4
Estimated number of children attending Independent and Private Schools ... ..	2,500
<i>Estimated total population of the City of Coventry ...</i>	<i>265,000</i>

### REPORTS FROM SPECIAL SCHOOLS.

#### Baginton Fields Special School (for Physically Handicapped Pupils).

The Headmaster, Mr. L. Bowstead, reports as follows :—

“The School has continued to grow during the year. The number of children now attending is 150, organised in ten classes. A new class has been formed for Junior partially sighted pupils and the Staff now consists of the Headmaster, 13 Assistant Teachers, 2 Physiotherapists, a remedial Gymnast, Speech Therapist and a Nurse, the latter two being part-time.

The post of Remedial Gymnast is a new one. There are, in addition, four Orderlies and a Carpenter who is doing good work in adapting normal furniture for the use of individual children.

The Senior Physiotherapist has recently returned from a Course on the Bobath Method of treatment for spastics and it is hoped that, during the coming years, there will be noticeable results from the new treatment.

In addition to the regular Medical Clinics, which are held fortnightly, the visiting Ophthalmologist and Optician have begun to hold special clinics for the partially sighted pupils.

Two new classrooms have been provided during the year, one specially equipped as an Art Room; the other room has freed the Special Dining Room for its proper purpose instead of having to combine the functions of Dining Room and Class Room.

On the School site various improvements have been made. Tarmac has been laid on all the roads, paths and playgrounds, which were badly worn and were becoming dangerous. The chimney stack on the Central Boiler House, from which previously smoke blew across the School building and into open windows and left deposit on the grass, has now been heightened and the nuisance has ended. The Main Playing Field has been levelled and seeded and should be in use in the Spring of 1955.

Radio has been installed in each classroom of the main building and in the Annexe. Only the two isolated classrooms are now without

this teaching aid. New improvements, which are to be made in the very near future, are: the provisions of new Housecraft and Light Craft Rooms and a new Physiotherapy suite, complete with a hydrotherapy bath. These improvements will provide a new classroom and enable the Wood and Metal Workshop to be extended.

After more than three years' existence there is a steady stream of pupils leaving the school. Every effort is made to fit them into adult life, and, with advice from the Headmaster, the Medical and Psychological Departments and the Youth Employment Officer, good results are being obtained. Special provision is being made for those children who reach the standard for Secondary Selective Schools and are unable to attend them. In every way the children are given every opportunity to live as normal a life as possible and to obtain all the benefits of a normal education, in addition to the special treatments available."

### **Baginton Fields School (for Physically Handicapped Pupils).**

The Physiotherapist, Mrs. M. M. Halls, reports as follows :—

Number of children attending the Department for treatment on December 22nd, 1954 ... ..	112
Number of physiotherapy treatments given during 1954 ... ..	2,663
Orthopaedic After-care ... ..	339
Number of Medical After-care ... ..	1,348
Total number of cases ... ..	4,340

### **CEREBRAL PALSY.**

Since December, 1953, we have had the good fortune to have appointed to this Department another Physiotherapist and a Remedial Gymnast. This has brought about a more comprehensive treatment for the children as will be noted from the total treatments. Temple-Fay theories on cerebral palsy were maintained in the Department throughout 1954. General management was based on the work of Mrs. Collis.

### **ORTHOPÆDIC AFTER-CARE.**

Constitutes supervision of splintage, boots, lengthening of calipers and leather supports for tuberculous bone cases. Mrs. Jones, O.N.C., is co-opted to deal with these problems with the outside aid of a visiting Instrument Maker, a Representative of Salts of Birmingham.

### **MEDICAL AFTER-CARE.**

Bronchiectasis  
Asthma  
Heart conditions  
Hæmophiliacs

are placed under this heading and with the extra Staff have received, highly comprehensive treatment during the past year.

Medical and Auxiliary Staff wish to thank those who have co-operated towards the running of the Department.

Mrs. D. March, Speech Therapist, reports as follows :—

"During the past year, the time allowed for speech therapy at Baginton Fields has been increased by two sessions per week, making

a total increase of four hours. This has made it possible to treat a greater number of children, and where necessary, to allow a slightly longer period for treatment.

Altogether 27 children have received speech therapy, 17 of whom have had regular treatment throughout the year. Of the rest, treatment was discontinued with 4 children, the response of two of them indicating that further treatment for the time being was useless, one child was extremely unco-operative and another showed an improvement which brought her speech up to the required level. One girl was transferred to a school for the partially deaf, and another girl who reached school leaving age at the end of the summer term, later went to a residential home. Two children started treatment in June, 2 in September and 1 in October. Not all the children in the last group were new admissions; some had been at the school for more than a year, but treatment was not considered advisable at the time of their admission to the school.

Nineteen of the children had speech defects arising from cerebral palsy, 1 child was deaf, 2 had repaired cleft palates, three were stammerers and 2 were dyslalic. One dyslalic child and 2 stammerers were suffering from bronchiectasis, the other dyslalic child was partially sighted, and the remaining stammerer was a child who had poliomyelitis."

### **Alice Stevens Day Special School (for Educationally Sub-normal Children).**

Mr. J. B. Saxon, Headmaster, reports as follows :—

"During this year we have had the services of Dr. Howat in the place of Dr. Jones who left the city to take up an appointment in Hong Kong. The Speech Therapist has been in attendance twice a week and the school nurse has spent each afternoon with us. As a result of their combined efforts the standard of health in the school has been at a high level and is reflected in the greatly improved attendance figures.

A better staffing ratio has made it possible to increase the number of children on the registers to 185 and the system of case conferences has resulted in fewer children being admitted who subsequently have to be excluded as ineducable.

The school is now able to use all its facilities to the full and an official opening ceremony will be carried out early in 1955.

The high degree of co-operation we have received from the School Health Service has been of material benefit to the school and has done much to help us through the difficult period of re-organisation and expansion in our new premises."

Mrs. D. March, Speech Therapist, reports as follows :—

"Speech therapy was resumed at Alice Stevens School in April, 1954. The time allowed there was two afternoons per week, and the first few months were spent examining the children and choosing those most suitable for treatment. It was decided to limit treatment to half a dozen children rather than give insufficient treatment to a greater number. In one case, due chiefly to lack of co-operation in the home, treatment has not proved beneficial and will probably be discontinued. In the rest of the children however, fairly concentrated treatment seems to have had a certain measure of success."

### **Corley Residential School for Delicate Children.**

Mrs. V. Spencer, Headmistress, reports as follows :—

"Corley Residential School deals only with children of junior age, that is from 7—11 years. During 1954, 190 children (103 boys and 87 girls) have received benefit from the school. Several children just



under seven years of age were admitted during the year, and they have settled into community life extremely well. The children come to Corley as delicate, including such difficulties as bronchitis, asthma and debility. Occasionally a few have presented behaviour problems, but they too have settled in and caused very little trouble.

We find too that we have children, who by reason of environment, have been denied access to fresh air, and because of the poor circumstances, which often go with that environment, have not had the benefit of regular rest, recreation and food, so essential to the building of a balanced personality able to derive the fullest advantage from the education provided within the limits of the child's capabilities.

At present, the maximum intake each term is 70 children. Admissions and discharges are on a termly basis, which does give a certain stability to the school and the possibility of efficient work on a basis curriculum. In normal cases the length of stay is one or two terms according to need—with further extension in exceptional cases.

The existing site of the school is reasonably accessible to parents, who visit twice each month. Letters are written to their homes each week and the children who are not passed as being fit for discharge at the end of the first term, pay a short visit to their homes before embarking on a second term. Records and reports of school work are sent to parents and the Education Office at the end of the child's stay.

The school provides for both medical and educational treatment. Dr. Gaffney, Senior School Medical Officer, visits the school twice each week and this is of much help to the children and the school—her advice is much appreciated.

In addition to the normal teaching staff, we have a nursing staff, two housemothers and a child attendant, which permits a more adequate scale of supervision of the children, in what would normally be the tasks of a mother at home. We have the usual kitchen and domestic staff and a driver handyman—as we have also a Bedford Van under our own control. This is used for taking children to the Clinics and Hospitals, which they attend when necessary.

Mrs. March, the Speech Therapist, visits and gives necessary treatment when required to do so.

A short stay at Corley often brings about a remarkable improvement in the health of the children. Weekly records are made of their weight and it is usual for them to gain 7 or 8 lbs., while last term a gain in weight of almost a stone was recorded in the case of one of our pupils.

The aim of myself and staff is to have a school of happy and contented boys and girls and I feel proud to see them return home, many of them reluctant to leave us, far healthier and happier children."

### **The Paybody Hospital Special School.**

The following is a report from the Teacher in Charge, Miss M. C. Craven:—

"Although the year 1954 has shown a larger number of school-age children receiving treatment at this hospital (105 as against 89 for 1953) the actual weekly average of children on the roll, is very much lower. (35 compared with 43.5.)

This seems to be a result of many more very short-term cases usually minor operations, and fewer really long-term ones.

Of the long-term cases, the majority are for the treatment of Perthes Diseases of the Hips (21), Tuberculosis joints (16), Poliomyelitis (5), Osteomyelitis (2) with an occasional case of congenital dislocation of the hip and fragilitas ossificans.

The usual services have been available (regular dental treatment, etc.) and the children are happy, and have made good progress.

There is little to report on a quiet year."

### **Child Guidance Centre.**

Dr. S. W. Gillman, Consultant Psychiatrist, reports as follows :—

"During the last year there has been no change at this clinic except that I have arranged for my Registrar, Dr. P. A. Morris, to do individual psychotherapy on Monday mornings. This arrangement is an advance as long sessions have not been able to be given to children because of the limited time available.

Children from the age of fifteen are seen at the Coventry and Warwickshire Hospital.

It has been difficult to deal with acute psychiatric illness in children in view of the lack of a Children's Psychiatric Unit in this area, and very few Psychiatric Units elsewhere have room to take children from outside their areas.

Dr. H. Parry Williams, the Consultant Paediatrician has been most co-operative and has allowed me to use wards in Gulson Hospital for two or three children where they have done extremely well.

It is quite obvious that a Children's Psychiatric Inpatient Unit would be of great help in Coventry, or even in Warwickshire combined with Coventry.

The number of children seen has increased and my Senior Registrar, Dr. P. R. Needham, helps me on Thursday afternoons in the treatment of children.

There is insufficient room in the building for all work that must be done and for individual psychotherapy, as each doctor requires a room of his own.

The psychiatric work at Coventry has increased both for adults and children, and it will continue to do so.

The work at the clinic continues quite happily and there are good interpersonal relationships between myself and members of the team."

### **School Psychological Service.**

The following is a report which has been submitted by the Educational Psychologist :—

"During the year of 1954 the individual referrals to the School Psychological Service have numbered about 500 children. These are from many sources which include Head Teachers (about 50%), School Medical Officers, the Paediatrician, General Practitioners, Education Officers, Probation Officers, Children's Officer and parents. In addition 2,700 children have been covered in school surveys; about four fifths of these were of the seven and eight year age group, thus ensuring that children with educational problems are detected in early school life.

170 dull and backward children were tested. 48 of these were of very low intelligence and referred to the Senior School Medical Officer for ascertainment as educationally sub-normal in accordance with the Education Act. The remainder were suitable for education in classes for backward children in ordinary schools. Advice on the organisation of such classes together with suitable teaching methods has been given, mainly by the Remedial Teacher attached to the Service.

A recommendation was made and plans put into force to set up in the new year a Diagnostic and Observation Class for those children

under 7 years of age whose educability was difficult to assess because of additional behaviour and emotional problems.

From the 26 surveys of children, approximately 250 children were found to be of high intelligence but retarded in reading subjects or arithmetic: 55 of these were investigated. The eight most difficult cases were given special remedial teaching and joined the existing groups. Additional teaching staff to cover this work has been approved.

The approximate number of other children investigated individually by the Psychologists in the schools have been 50 at Baginton Fields School for Physically Handicapped Children and 20 at Town Thorns Residential School for Educationally Sub-Normal Children. 20 children were examined individually in connection with secondary school placement. 30 children in the care of the Children's Committee have also been seen.

The remainder of the children referred fall into the following categories:—

(a) Social and behaviour problems	...	...	...	100
(b) Children with nervous dispositions and problems				53
(c) Enuretics (excluding a number found in (a) and (b))				20
(d) Others	...	...	...	42

Psychiatric opinion and advice was sought on 57 of these children. Treatment has been covered by:—

- (1) individual psychotherapy by the visiting Consultant Psychiatrist or Senior Registrar in Psychological Medicine. (Provision for more individual psychotherapy was planned to start in the new year).
- (2) group therapy by the Psychologists.
- (3) "re-education" by the Psychologists.
- (4) social work conducted either at the Child Guidance Centre or in the home by the Social Worker. (An additional Social Worker was appointed towards the end of the year).

The new Boarding Home for maladjusted children was expected to open in January, 1955.

The preventive aspect of work in Child Guidance on the educational side and on the behaviour and emotional side has continued in the form of talks to parents and courses for teachers."

## Chiropody.

Report of Mr. A. T. E. Freke, School Chiropodist:—

"During the year two clinics were held, on Wednesday and Friday mornings at the Central School Clinic. When the waiting list became large, an extra session was undertaken, this keeping the number of children awaiting appointments to a manageable level.

- 1,175 Treatments were given.
- 303 New cases were seen.
- 231 Patients were discharged cured.
- 3 Patients were referred to the Orthopaedic Clinic during the year for further advice and treatment.
- 2 Cases were referred to the Coventry and Warwickshire Hospital, Dermatological Department, for advice and treatment.

It has again been noticed that a considerable proportion of the minor conditions for which the children attend could be traced to badly fitting shoes and socks.

Out of one hundred patients picked at random from the number attending 60% had shoes which were not correctly fitted.

Now the chiropody service has become more widely known, more parents are attending with their children for advice, and the waiting list is now longer than it has been since the service was inaugurated."

## Dental Treatment.

The following is a report by Mr. M. Ræside, Principal School Dental Officer :—

“Another year has passed and I regret to have to report once again that the staffing position has shown no improvement. In fact it has somewhat deteriorated owing to the resignation of two part-time officers. Mr. Whitfield who carried out sessional work for about three months resigned in May and Mr. Stonehouse found it impossible to continue at the clinic owing to pressure of work in his own private practice in the city.

Mr. Ferriss the only remaining part-time officer has been unable to carry out any duties since the beginning of October. The total number of sessions worked by these three officers amounted to 157 and I wish to express my appreciation of the valuable assistance given by them during the year.

It is also with regret that I have to report the resignation of Dr. Mary Bishop who has given most efficient service during the many years she has acted as dental anaesthetist. Her relations with the staff, parents and children have always been of a most friendly nature and I wish her every success and happiness when she makes her new home with her family in Australia.

It must be realised that any improvement in the service is impossible at the present time owing to the acute shortage of dentists and that a number of years must elapse under present conditions before any marked increase in man power will become available.

The recruitment of adequate staff is still proving a hopeless task and advertisements in professional journals met with no success. With a school population of 46,768 it will be realised that the present staff of three full time officers is quite incapable of giving a fully comprehensive dental service and as a consequence it was found quite impossible to carry out routine inspection of children in the schools. Only a very small percentage of the children were inspected, and, as in previous years, following the introduction of the National Health scheme, the efforts of the staff were again entirely devoted to the relief of pain and eradication of sepsis. The demand for orthodontic treatment continues to increase and the problems of providing the necessary treatment for these patients is indeed very serious. Mr. Breakspear continues to give very valuable assistance in connection with this work but the number he is able to cope with is very limited and only the most urgent cases are referred for treatment.

The time devoted to Maternity and Child Welfare cases was approximately one session per week and here again it should be noted that only emergency treatment can be offered to these patients. During the year 70 visits were made by expectant and nursing mothers and 407 visits by infant welfare children. A feature to be observed is the steady yearly increase in the number of pre-school children treated. This is very gratifying and augurs well for the future if parents will only continue to appreciate and realise the benefits to be derived from early dental attention.

Three visits were made to Wyre Farm Camp School to inspect the boys in residence and arrangements subsequently made to carry out the necessary treatment during the holiday periods when the school was closed.

Full details of the various forms of treatment carried out during the year are given in the accompanying table.”



	Primary and Secondary	Infant Welfare	Ante- Natal	Totals
Fillings—Permanent .. ..	3,733	—	3	3,736
Fillings—Temporary .. ..	200	11	—	211
Extractions—Permanent .. ..	2,919	—	52	2,971
Extractions—Temporary .. ..	10,521	534	—	11,055
Other Operations .. ..	984	1	15	1,000
Administration of General Anæsthetics .. ..	1,614	184	15	1,813
Attendances .. ..	11,992	407	79	12,478

### Ear, Nose and Throat Sessions.

Mr. W. Ogilvy Reid, Ear, Nose and Throat Consultant reports as follows :—

I have very little to add to my previous report concerning the Ear, Nose and Throat Clinic at the Central School Clinic, Gulson Road. Unfortunately as far as I am concerned I can only manage one Clinic per month. I understand, however, that Mr. Roland, who has reported elsewhere, attends the Clinic more frequently and works one Clinic per week.

I would however like to express my appreciation to the Staff at the School Clinic and to the staff at the Outpatients' Department of the Coventry and Warwickshire Hospital. Cases are referred there for my personal supervision and this liaison between the hospital management committee and the Clinic is of considerable value.

I would particularly like to express my thanks to the School Nurse who attends the Ear, Nose and Throat Clinic for carrying out certain treatment on cases which I advise. Her enthusiasm and keenness is much appreciated."

The following is a report submitted by Mr. Roland, Ear, Nose and Throat Consultant :—

"During 1954, 1,355 children were seen of which 695 were new cases and 430 were referred for operation on tonsils and adenoids. These figures show how much conservative treatment is carried out at the Clinic.

Nurse George and the other School Nurses have given their usual help and I am very grateful to them. The co-operation with Mr. Kander and Mr. Ogilvy Reid and the other members of the staff of the Coventry and Warwickshire Hospital has been as close as ever and I am particularly indebted to the Audiometrician, Miss M. Morris, who has been very helpful in the difficult task of assessing hearing loss in small children."

### Heart and Rheumatic Clinic.

The following is a report which has been submitted by the Pædiatrician :—

"The number of new cases seen in 1954 were forty-three, of which twenty-eight were functional heart murmurs. There were two cases of aortic stenosis, two atrial septal defects, and three ventricular

septal defects. Four children had no evidence of cardiac disease; other causes were found for their symptoms. There were three cases of rheumatic mitral valve disease, and one case of extrasystoles.

During the year three cases of patent ductus arteriosus were operated on. Catheterisation was performed on four children, two of which confirmed the clinical diagnosis, but showed anomalous pulmonary veins as well.

This work is now conducted by a team, consisting of Dr. Paul Davison, who carries out the catheterisation, and Mr. Collis, who performs the surgery. I am very grateful to both these gentlemen.

It is a pleasure to acknowledge the co-operation of Dr. Clayton and his department."

### **Orthopædic Arrangements.**

"Arrangements for the care and treatment of children with orthopaedic defects have continued throughout the year, and the staff at the Coventry Paybody Orthopaedic Clinic has carried out excellent work indeed for them. Children are referred to the Orthopaedic Consultant by the Medical Officers, the School Chiropodist and also General Practitioners.

Detailed weekly reports are forwarded to me from the clinic and those children considered to be suitable for special educational treatment are given further appointments with our Medical Officers and the appropriate forms are completed.

These regular returns from the Paybody Clinic are extremely useful to those of our Medical Officers who are approved for ascertainment purposes, and I am very grateful to the Secretary and staff of the Paybody Clinic for their helpful co-operation.

A total number of 518 children were seen during the year and a detailed table is shown on page 27."

TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPÆDIC CLINIC.  
*Year ending December, 1954.*

<i>Defects.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Exostoses ... ..	—	2	2
Bunions ... ..	—	1	1
Claw feet ... ..	—	1	1
Pes Planus ... ..	28	37	65
Hyper Mobile Ankles ... ..	—	2	2
Valgoid Ankles ... ..	42	32	74
Valgoid Heels ... ..	3	4	7
Genu Varum ... ..	4	3	7
Lordosis ... ..	—	1	1
Hammer Toe ... ..	2	—	2
Genu Valgum ... ..	14	15	29
Poor Posture ... ..	1	3	4
Pes Cavus ... ..	6	1	7
Hallux Valgus ... ..	6	27	33
Metatarsus Varus ... ..	—	3	3
Claw Toes ... ..	1	1	2
Valgoid Feet ... ..	—	1	1
Perthe's Disease ... ..	3	—	3
Webbed Toes ... ..	1	—	1
Overlapping Toes ... ..	2	1	3
Hallux Rigidus ... ..	2	4	6
Schlatters Disease ... ..	4	3	7
Torticollis—Right sided ... ..	1	—	1
Ganglion ... ..	1	1	2
Ingrowing Toe Nail ... ..	1 (septic)	1	2
Anterior Poliomyelitis ... ..	1	—	1
Spastic—Left sided Hemiplegia ... ..	1	—	1
Toes Turn In ... ..	1	1	2
Deformed Toes and Feet ... ..	1	3	4
Curled Toes ... ..	2	1	3
Miscellaneous ... ..	94	115	209
Apophysitis ... ..	—	1	1
Wry Neck ... ..	1	—	1
Tenosynovitis ... ..	1	—	1
Pin Toed Joint ... ..	1	—	1
Enchondronia—Left Handed ... ..	—	1	1
Semimembranosus Bursa ... ..	2	—	2
Talipes Equino Varus ... ..	1	—	1
Over-riding Toes ... ..	2	1	3
Post Polio ... ..	1	1	2
Epiphysitis ... ..	2	1	3
Mobile Cyst ... ..	1	—	1
Exostosis of Os Calcis ... ..	—	2	2
Turns Foot Inwards ... ..	1	—	1
Bursa Right Knee ... ..	2	—	2
Pain in Coccy ... ..	—	1	1
Underlying Toes ... ..	1	—	1
Mild Spastic Monoplegia ... ..	1	—	1
Valgoid deformity of left foot ... ..	1	—	1
Trigger Thumb ... ..	1	—	1
Small Lipoma—right leg ... ..	1	—	1
Keller's Operation—right ... ..	1	—	1
Greenstick fracture of left ulna ... ..	1	—	1
T.B. of Right Shoulder ... ..	—	1	1
Onychogryposis of Toes ... ..	—	1	1
	244	274	518

## Speech Therapy.

The following is a report from Miss B. Carr, Speech Therapist :—

"The waiting list for speech therapy was eased considerably during the past year when Miss Glover came to do five sessions per week at Gulson Road Clinic. Later Mrs. March took a speech clinic here on Thursday afternoons.

The work in my full-time Clinic has been as varied as ever. One little boy suffering from congenital cerebellar ataxia who was being educated in an ordinary school made good progress. A child who had grossly retarded language development was found to have high-frequency deafness and after the fitting of a hearing aid showed remarkable improvement in her talking.

A few hard of hearing children attend the clinic regularly. They are taken in a small group and appear to benefit from this. If a deaf child has an opportunity to mix with other children who are wearing hearing aids he is spared much self-consciousness. This acceptance of his deafness by a child at an early age is very important as it has such a bearing on his later happiness.

We now have a recording machine at the School Clinic. This has proved extremely helpful both in the teaching of children and in recording progress."

The following is a report submitted by Mrs. Mackie, Superintendent School Nurse :—

"During the year two School Nurses resigned, Mrs. Tew and Mrs. Tunnicliffe, both leaving on account of their domestic duties. Mrs. Dunncliffe and Miss Masters were given leave of absence to take their Health Visitors' training—Mrs. Dunncliffe to Birmingham and Miss Masters to the London Polytechnic. Miss Masters completed her training at the end of the year, and we congratulate her upon passing her examinations.

In October an amalgamated service was provided in the Tile Hill and Westwood areas. Mrs. Ellis began Health Visitor's duties there combined with School Health work and was joined by Miss Masters on her return from London. Three full-time Health Visitors now combine School Health work with their other duties in that area.

The School Nurses again assisted Dr. Mitchell in the Anti-Tuberculosis Campaign and have paid annual follow-up visits to the families taking part in the survey of the Institute of Child Health.

It is also pertinent to comment that a considerable amount of home visiting is done by the School Nurses in following up problem families and persistent cases of head infestation. The School Nurse attending at Baginton Fields School and at Alice Stevens School, does much out of school home visiting to handicapped children and encourages them to attend school regularly. Her reward has been that school attendances have increased by an appreciable number."

## Diphtheria Immunisation.

As in previous years the School Medical Officers carried out sessions in the Schools, and special clinics were also arranged on Saturday mornings. 1,097 children received primary injections and 3,353 children were given booster doses.

Comparative table for incidence of diphtheria :—



1945	...	...	140 cases	5 deaths of which none were immunised
1946	...	...	115 "	4 " " " " " "
1947	...	...	53 "	2 " " " " " "
1948	...	...	12 "	NIL " " " " " "
1949	...	...	12 "	2 " " " " " "
1950	...	...	7 "	NIL " " " " " "
1951	...	...	3 "	NIL " " " " " "
1952	...	...	NIL "	NIL " " " " " "
1953	...	...	NIL "	NIL " " " " " "
1954	...	...	NIL "	NIL " " " " " "

### Wyre Farm Camp School.

There were 68 boys (102 in 1953) admitted to the Camp School during the year. All the boys were medically examined before returning to school after the school holiday. The following report is submitted by Dr. Stanbury on behalf of the Medical Officer, Dr. J. S. Jerome:—

"From the medical point of view 1954 was a satisfactory year with a reasonably low incidence of sickness and accidents. During the Autumn term there was an epidemic of influenza which was prevalent in the district at that time. The sick bay was full to capacity, and in order to avoid unnecessary spread of illness, it was thought advisable to close the school for a few days before the end of term.

Apart from this the boys have mostly been very fit, the main cause of temporary disability being those minor accidents which are inseparable from an active school life.

Diet, heating and hygiene arrangements have been maintained at a satisfactory level."

### Milk and Meals in Schools during 1954.

Miss Butler, School Meals Organiser, reports:—

"3,771,945 meals (3,386,907 children's meals and 385,038 adult's meals) were served during 1954, an increase of 256,791 since 1953. The daily average in January, 1954 was 18,934 and in December, 1954 it was 20,314. 44.6% of the number on roll were having meals when the last return was made to the Ministry in October, 1954.

The following new kitchens were opened:—

St. John Fisher School Canteen	...	January, 1954
St. Christopher's School Canteen	...	August, 1954
Woodlands School Canteen	...	September, 1954
Caludon Castle School Canteen	...	September, 1954

Whoherley Hall changed from a Central Kitchen to a self-contained canteen in September, 1954.

According to statistics called for by the Ministry of Education, on one specific date during October, 1954, the number of children present at school and receiving milk was 36,731.

### Special Note.

It is perhaps of interest to comment that during a recent epidemic of influenza, when a large number of children were absent from one particular school, it was ascertained that none of these children stayed regularly for school meals."

### Physical Training.

The following is the report from the Organisers of Physical Training (Mrs. G. W. Grant and Mr. J. F. McCarthy), viz:—

“In recent years much has been said and done to promote a better understanding of the needs of the Primary School Child and in parallel with this the opportunities and facilities available in Primary Schools have been increased and improved. The contribution which Physical Education at the primary school age can make to the general educational development of the individual is now more fully appreciated by teachers and those associated with them in their work than ever before and there is a great deal of evidence to show that standards of performance of young children in games, gymnastics, dancing, swimming and athletics have become progressively higher in the post war years. To the trained observer the development of character and physical efficiency is perhaps more obvious in the practical side of physical education than in most other aspects of Education and it is reasonable to suppose that as education is a complete and indivisible process any improvement in one of its aspects must result in a general overall improvement. It follows, therefore, that if higher standards of physical performance are admitted they must surely indicate that there is an all-round improvement in the educational development of the Primary School Child.

Throughout the year 1954 there was further consolidation and progress made in Primary Schools, new schools are adequately catered for so far as equipment and games fields are concerned, although the cultivation of the fields which are part of the new school sites must receive attention which will enable it to keep pace with the new school building. Some of our new schools are still waiting to use that part of the site which was planned as playing fields. Of the older schools there remain a few which need more and better apparatus and while every effort will be made to meet this need there are financial limitations to what can be done in this matter.

On the subject of Physical Education in the Secondary Schools of Coventry it would be quite true to write once again of the things which have been included in previous reports, of the many and various activities in which the children take part, of the flourishing games and athletic activities, and of the participation of some of our boys and girls in representative matches and competitions even at national level. All these things have taken place during 1954 and the teachers who have given extra time and energy to these activities can never be adequately thanked or rewarded for their valuable work. The opening of two new Comprehensive Schools for Boys has now presented an opportunity for a development in the physical education of up to 1,600 boys in each case which has not been possible previously when gymnasias, playing fields, and specially trained teachers have been lacking. Unfortunately the proper cultivation of the games fields has once again lagged behind the building schedule and full benefit of the games programme is not being derived in either case.

One of the provisions which it should be possible to make in a Comprehensive School, even perhaps at the expense of a gymnasium, is that of a Swimming Bath, if only of the instruction type. Year by year attention is drawn to the great difficulty under which swimming instruction is given and the severe limiting of the opportunities for learning to swim which are the consequence of there being only one indoor Bath in the city. Nothing has been done so far which affords any relief from these difficulties and there is little doubt that any future extensions to the present provision will have difficulty in meeting the demand from the general public and the Primary Schools. It seems wise, therefore, to ensure that Secondary Boys and Girls should have full opportunity of learning to swim by including an instruction bath as part of the physical education facilities of a comprehensive school. It is almost amazing that the standard of school swimming continued to improve in 1954 with the limited opportunity for teaching which has existed. Nevertheless this was the case and the following figures relating to success in the Authority's Swimming Tests may prove interesting:—

<i>BOYS.</i>				<i>No. Entered.</i>	<i>No. Successful.</i>
Preliminary Certificate	...	...	...	1,499	865
Intermediate Certificate	...	...	...	647	265
Proficiency Certificate	...	...	...	251	92
Speed Certificate	...	...	...	89	30
				<hr/> 2,486	<hr/> 1,252

<i>GIRLS.</i>				<i>No. Entered.</i>	<i>No. Successful.</i>
Preliminary Certificate	...	...	...	998	865
Intermediate Certificate	...	...	...	393	175
Proficiency Certificate	...	...	...	97	29
Speed Certificate	...	...	...	33	19
				<hr/> 1,521	<hr/> 1,088

### Secondary Grammar Schools.

The following number of medical examinations in respect of new entrants were conducted during the year :—

Barr's Hill	...	...	...	...	...	88
Churchfield High	...	...	...	...	...	60 (girls)
Churchfield High	...	...	...	...	...	30 (boys)
Foxford	...	...	...	...	...	44 (girls)
Foxford	...	...	...	...	...	45 (boys)
Coundon Court	...	...	...	...	...	88
Priory High	...	...	...	...	...	89
Ullathorne R.C.	...	...	...	...	...	36 (girls)
Ullathorne R.C.	...	...	...	...	...	31 (boys)
Stoke Park	...	...	...	...	...	88
Bablake	...	...	...	...	...	97
King Henry VIII	...	...	...	...	...	115
						<hr/> 811

### Medical examinations of entrants to Training Colleges and the Teaching Profession.

During the year Medical Officers have continued to examine entrants to Training Colleges and also to the Teaching Profession, this is in accordance with the Ministry of Education Circular 248 and 249. The relevant forms have been completed in all cases and chest X-ray examinations have been carried out.

I am extremely grateful to Dr. Gordon Evans, Physician in Charge of the Mass Radiography Unit for his co-operation and assistance in this matter, reports are forwarded and if necessary further investigations are carried out and the family Doctors advised.

During the year 120 candidates were examined for entrance into Training Colleges and 30 for entrance into the teaching profession.

**INFECTIOUS DISEASES.**

Age Group 5 and under 15 years.

Figures are also given for comparison with the previous year.

	1954	1953
Scarlet Fever ... ..	133	198
Acute Anterior Poliomyelitis (non-paralytic) ...	1	31
Pulmonary Tuberculosis ... ..	38	22
Non-Pulmonary Tuberculosis ... ..	14	4
Dysentery ... ..	30	13
Acute Primary Pneumonia ... ..	18	28
Acute Influenzal Pneumonia ... ..	1	4
Acute Encephalitis ... ..	4	—
Measles ... ..	1,167	1,360
Whooping Cough ... ..	170	300
Food Poisoning ... ..	11	20
	<hr/> 1,587	<hr/> 1,980

**Deaths of Children of School Age—5 years to 15 years are as follows:—**

Heart Disease ... ..	1
Pneumonia ... ..	1
Motor Vehicle Accidents ... ..	2
Other Accidents ... ..	2
Ill-Defined Diseases ... ..	3
	<hr/> Total
	9

**Clinic Sessions.**

The current arrangements in regard to clinic sessions are set out below :—

**CENTRAL SCHOOL CLINIC, GULSON ROAD.**

Minor Ailment Clinics, each afternoon and Saturday mornings.  
Cleansing each mornings.

*Medical Officer appointments:—*

By arrangement, Monday to Friday.  
Saturday mornings.

*Chiropody:—*

By appointment, Wednesday and Friday mornings.

*Child Tuberculosis Contact Clinic:—*

Friday mornings.

*Dental Clinic:—*

By appointment each day and Saturday mornings.

*Ear, Nose and Throat Clinic:—*

By appointment Monday mornings and in addition every fourth Wednesday afternoon.  
Treatment sessions every afternoon (includes "infra-red" Treatment).

*Ringworm X-ray treatment:—*

By appointment at Coventry and Warwickshire Hospital.

*Scabies Clinic:—*

Each day, Monday to Friday.

*Speech Therapy:—*

Each day, Monday to Friday.

*Sunlight Clinic:—*

Tuesday mornings and Friday afternoons.

*Heart and Rheumatic Clinic:—*

By appointment alternate Thursday afternoons.

## BRANCH CLINICS.

*Longford Park:—*

School Medical Officer attends by arrangement.  
School Nurse in attendance every afternoon.

*Templars:—*

School Medical Officer attends by arrangement.  
School Nurse in attendance every afternoon.

*Binley:—*

School Nurse in attendance Wednesday afternoons from  
2 p.m.  
School Medical Officer attends by arrangement.

*Stoke Heath:—*

School Nurse in attendance Thursday afternoons.

# Attendances at the Clinics during 1954 :—

CONDITIONS	Central School Clinic, Gulsion Road		Binley School Branch Clinic		Longford Park School Branch Clinic		Templars Branch Clinic		Wyken Croft Branch Clinic		Stoke Heath Branch Clinic	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
Skin :—												
Ringworm—scalp—												
X-ray treatment..	2				2							
Other treatment..	4				1							
Ringworm body..	36		1		—		3		2		—	
Scabies ..	63		22		9		51		6		14	
Impetigo ..	39		21		22		27		23		13	
Other skin diseases												
Eye Diseases :—												
Blepharitis ..	5		7		—		28		12		1	
Conjunctivitis ..	10		3		9		14		8		4	
Styes ..	11		4		8		47		5		6	
Other ..	—		—		—		2		1		3	
Ear Defects :—												
Otorrhœa ..	18		—		—		4		1		1	
Wax ..	25		3		1		1		1		—	
Other ..	4		—		1		—		—		1	
Miscellaneous :—												
Septic conditions ..	74		20		19		196		37		22	
Skin infections ..	28		85		34		173		146		15	
Boils ..	13		3		18		80		3		19	
Chilblains ..	1		2		2		9		—		1	
Warts ..	17		7		18		30		19		6	
Injuries ..	78		27		197		1004		28		19	
Other conditions ..	199		41		137		361		48		10	
Totals ..	627	2286	246	469	478	1324	2030	3467	340	645	135	159



**MEDICAL INSPECTION RETURNS.****Year ended 31st December, 1954.****Table I.**

Medical Inspections of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

**A. PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the Prescribed Groups.

Entrants	..	..	..	5852
Second Age Group	..	..	..	5273
Third Age Group	..	..	..	2709
Total				13834

Number of Other Periodic Inspections .. 1014

GRAND TOTAL .. 14848

**B. OTHER INSPECTIONS.**

No. of Special Inspections	..	..	904
Number of Re inspections	..	..	586
Total			1490

Table II.

A. Return of Defects found by Medical Inspection in the  
Year ended 31st December, 1954.

<i>Defect or Disease</i>	<i>Periodic Inspections</i>		<i>Special Inspections</i>	
	<i>No. of Defects</i>		<i>No. of Defects</i>	
	<i>Requiring Treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>	<i>Requiring Treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>
(1)	(2)	(3)	(4)	(5)
Skin ... ..	15	4	3	1
Eyes—				
a. Vision ... ..	560	34	55	6
b. Squint ... ..	11	4	1	—
c. Other ... ..	8	4	—	—
Ears—				
a. Hearing ... ..	20	9	5	4
b. Otitis Media ... ..	4	3	—	—
c. Other ... ..	9	2	2	1
Nose and Throat ... ..	320	61	28	2
Speech ... ..	62	31	25	9
Cervical Glands ... ..	6	1	1	—
Heart and Circulation ... ..	28	16	1	—
Lungs ... ..	38	19	2	3
Developmental—				
a. Hernia ... ..	8	4	—	—
b. Other ... ..	6	29	—	—
Orthopædic—				
a. Posture ... ..	10	2	—	—
b. Flat Foot ... ..	52	24	4	—
c. Other ... ..	89	18	8	1
Nervous System—				
a. Epilepsy ... ..	2	5	—	—
b. Other ... ..	4	1	—	1
Psychological—				
a. Development ... ..	29	8	82	10
b. Stability ... ..	10	1	1	2
Other ... ..	329	188	47	26



B. Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants .. ..	5852	3537	60.441	2280	38.961	35	.598
Second Age Group	5273	3217	61.009	2040	38.688	16	.303
Third Age Group	2709	1940	71.613	753	27.796	16	.591
Other Periodic Inspections	1014	586	57.791	420	41.420	8	.789
Total ..	14848	9280	62.500	5493	36.995	75	.505

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group (1)	For defective vision (exclu- ding squint) (2)	For any of the other conditions recorded in Table II.A (3)	Total individual pupils (4)
Entrants ... ..	113	615	728
Second Age Group ... ..	230	408	647
Third Age Group ... ..	170	103	282
Total (prescribed groups) ...	531	1126	1657
Other Periodic Inspections...	20	85	110
Grand Totals ...	560	1211	1767

Table III.

INFESTATION WITH VERMIN.

(1)	Total number of individual pupils examined ... ..	122487
(2)	Total number of individual pupils found to be infested	1325
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	1325
(4)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3) Education Act, 1944)	2

Table IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

## GROUP I.

DISEASES OF THE SKIN (excluding uncleanness, for which see Table III).

SKIN	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—1. Scalp ... ..	1	6
2. Body ... ..	1	8
Scabies ... ..	40	—
Impetigo ... ..	151	—
Other skin diseases ... ..	145	—
Total ..	338	14

## GROUP II.

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	—	—
Errors of Refraction (including squint)	—	2571
Number of pupils for whom spectacles were		
(a) Prescribed ... ..		1055
(b) Obtained ... ..		776

## GROUP III.

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment:—		
(a) for diseases of the ear ... ..	—	—
(b) for adenoids and chronic tonsillitis	—	904
(c) for other nose and throat conditions	—	—
Received other forms of treatment ...	225	—
Total ...	225	904

GROUP IV.  
ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ... ..	77	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	526

GROUP V.  
CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Centre	elsewhere
Number of pupils treated at the Child Guidance Clinics ... ..	—	20

GROUP VI.  
SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ... ..	171	—

GROUP VII.  
OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	3295	—
(b) Other than (a) above (specify)		
1. Chiropody ... ..	302	—
2. Eyes ... ..	168	—
3. Ears ... ..	61	—
4. Ultra Violet Light ... ..	186	—
Total ...	4012	—

Table V.

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a)	At Periodic Inspections	...	...	...	...	1861
(b)	At Special Inspections	...	...	...	...	7222
Total						9083
(2)	Number found to require treatment	...	...	...	...	8174
(3)	Number offered treatment	...	...	...	...	8042
(4)	Number actually treated	...	...	...	...	8012
(5)	Attendances made by pupils for treatment	...	...	...	...	12390
(6)	Half-days devoted to: Periodic Inspection	...	...	...	...	21
	Treatment	...	...	...	...	1517
Total						1538
(7)	Fillings: Permanent Teeth	..	..	..	...	3733
	Temporary Teeth	..	...	...	...	211
Total						3944
(8)	Number of teeth filled: Permanent Teeth	...	...	...	...	3000
	Temporary Teeth	...	...	...	...	188
Total						3188
(9)	Extraction: Permanent Teeth	...	...	...	...	2910
	Temporary Teeth	...	...	...	...	11055
Total						13974
(10)	Adminstration of general anæsthetics for extraction	...	...	...	...	1708
(11)	Other operations: Permanent Teeth	...	...	...	...	792
	Temporary Teeth	...	...	...	...	193
Total						985

## HANDICAPPED PUPILS.

Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1954, (b) in Special Schools at 31st December, 1954, and (c) awaiting admission to Special Schools

TYPE OF HANDICAP	Ascertained during year	Total number of pupils in Special Schools	Total number awaiting admission to Special Schools
Blind ... ..	3	3	2
Partially Sighted ... ..	7	8 (Boarding) 18 (Day)	2 (Day)
Deaf ... ..	1	24	—
Partially Deaf ... ..	2	8	3
Delicate ... ..	166	70	40
Educationally Sub-normal:—			
Boarding School ... ..	27	64	12
Day Special School ... ..	56	183	60
Ordinary School ... ..	23	—	—
Epileptic ... ..	5	12	5
Mal-adjusted ... ..	3	16	12
Physically Handicapped ... ..	28	8 (Boarding) 126 (Day)	7 (Day) 1 (Boarding)
Speech Defects ... ..	171	—	55
Found to be:—			Awaiting treatment
(a) Ineducable:—			
Section 57(3) Education Act, 1944... ..	26	—	—
Section 57(4) Education Act, 1944... ..	1	—	—
(b) In need of supervision after leaving school.			
Section 57(5) Education Act, 1944... ..	35	—	—
TOTALS	544	540	199



